

"CSCC"

CAL STATE COMPLIANCE & CONSULTING

DIR LCP ID #2007-00566

5475 Connecticut Ave. La Mesa, CA 91942

Phone: (619) 741-1016 Mobile: (619) 248-8312

E-mail: calstatecompliance@cox.net

March 20th 2010

Office of the Director, LCP Special Assistant
California Department of Industrial Relations
455 Golden Gate, Suite 10610
San Francisco, CA 94102

Re: Certification and Required Disclosures

Dear Director:

I am pleased to provide the attached "annual" report for Cal State Compliance & Consulting

A. Certification of Compliance with Conflict of Interest Disclosure Requirements

Pursuant to the Fair Political Practices Commission opinion letter of August 7, 2003, third-party contractors, hired to initiate and enforce labor compliance programs for the Department of Industrial Relations and its subdivision, the Division of Labor Standards Enforcement, are "consultants" under the Fair Political Practices Act. As such, Cal State Compliance & Consulting is such a "consultant". A form 700 is also attached.

On behalf of Cal State Compliance & Consulting I hereby certify, under penalty of perjury, that neither the Company nor any of its personnel has any undisclosed investment, interest in real property, sources of income or business position which may materially affect his/her/its decision making in the capacity of a third-party labor compliance provider, as defined within the Fair Political Practices Act and all regulations promulgated for its enforcement.

B. Disclosures

Pursuant to disclosure requirements of 8.C.C.R. Section 16426(a) (2), (3) and (5), and on behalf of Cal State Compliance & Consulting I hereby certify that the following is true and correct:

Cal State Compliance & Consulting operates and intends to operate throughout the State of California. The Awarding Bodies and Joint Powers Authorities with who we are currently under contract may be found within the attached Annual Report, which accompanies this submittal. We intend to contract with any public agency within the State that is required to, or desires to implement a labor compliance program.

Cal State Compliance & Consulting does not share, management, and ownership with any other entities and is a sole proprietor business. CSCC has not been a surety on any contract within the reporting period, is not a joint labor-management committee, and has not represented workers during the reporting period.

Cal State Compliance & Consulting had no contracts during this reporting period.

Signed, this 20th day of March, 2010

By:




John F. Young, LCO-Owner

LCP-AR3

Cal State Compliance & Consulting DIR LCP ID # 2007-00566
LABOR COMPLIANCE PROGRAM ANNUAL REPORT

Format for Approved Program that contracts with Awarding Bodies to provide labor compliance enforcement

Report for the reporting period 2/1/09 to 1/31/2010

| | | |
|--|---|--------------------------|
| 1. Name of Labor Compliance Program (LCP) : <u>Cal State Compliance & Consulting DIR LCP ID # 2007-00566</u> | | |
| 2. LCP I.D. Number (assigned by DIR): <u>DIR LCP ID # 2007-00566</u> | 3. Date of Initial Approval: 2/21/08 | |
| 4. Contact person (include name, title, address, telephone, fax, and e-mail, if available): John F. Young, LCO//5475 Connecticut Ave La Mesa, CA 91942 OFFICE: (619) 741-1016 EMAIL: calstatecompliance@cox.net | | |
| 5. List all Awarding Bodies covered by this report as well as any other Awarding Bodies with whom the LCP currently has a contract to provide compliance enforcement. If <i>none</i> , please proceed directly to item 7 and provide all requested information. Then complete the information below, and sign and submit this form to DIR, Office of the Director, Attn: LCP Special Assistant 455 Golden Gate Avenue, 10 th Floor, San Francisco, CA 94102. None. | | |
| What suggestions do you have for the Department of Industrial Relations to better assist you with your program in the coming year? (attach additional sheets if necessary): Continue to remain proactive. | | |
| SUBMITTED BY: | | |
|  Signature | John F. Young, LCO Name and Title | 3/20/2010 Date |

LCP-AR3

7. On a separate sheet, provide a certificate of compliance with conflict of interest disclosure requirements by employees and consultants who participate in making governmental decisions (as defined under 2 CCR § 18701) along with the names of LCP personnel who are filing disclosure statements and the agencies with which those statements are being filed.

8. Please update the following information per 8 CCR § 16426(a)(2), (3) and (5) disclosure requirement.

A. Identify the geographical areas in which the program intends to operate and the identity of any public agencies not previously identified in this report with which the program intends to contract to provide labor compliance enforcement.

CSCC INTENDS TO OPERATE THROUGHOUT THE STATE, CONCENTRATING IN SOUTHERN CALIFORNIA

B. State whether the entity shares personnel, management, ownership or other close affiliation with any of the following: (1) any contractor or subcontractor that within the preceding five years has been awarded a public works contract within the geographical area in which the program operates or intends to operate or with any public agency with which the program has contracted or intends to contract to provide labor compliance enforcement; (2) any person or entity who has been the surety on such a contract; (3) any joint labor-management committee established pursuant to the Federal Labor Management Cooperation Act of 1978 (section 175a of Title 29 of the United States Code); or (4) any person or entity who has represented workers employed in the same or similar classifications as those employed for such a contract and who has been engaged in (i) an organizational campaign under the National Labor Relations Act with contractors competing for such contracts or (ii) a jurisdictional dispute with another collective bargaining representative of workers utilized for such contracts.

For each affiliation, please provide the name, address, telephone number, and principal contact person for the person or entity; please identify shared personnel, management, and ownership; and if applicable, please provide a short description of the nature and extent of any other close affiliation:

(3) IBEW Local 569 in San Diego is a client only, the contact is Al Shur Business Manager at (858) 569-8900, IBEW LOCAL 569
4545 Viewridge Ave. Suite 100 San Diego, CA 92123-1623

Cal State Compliance has assisted IBEW Local 569 with the monitoring and enforcement of prevailing wages and electrical certification as a consultant. CSCC is not affiliated with the IBEW Local

C. Identify the attorney or law firm available to provide legal support for the LCP, and whether the persons or firms providing that support also represent any contractor, subcontractor, surety, or worker representative referred to in the preceding item.

Attorney/Law Firm Name (include address, contact person, and telephone number)

Chad T. Wishchuk
Marks, Golia & Finch, LLP
3900 Harney Street, First Floor
San Diego, California 92110-2825
Telephone: (619) 293-7000

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| Project Name | Contractor | Nature of Violation | ODL Case # | Current Status |
|--------------|------------|---------------------|------------|----------------|
| | | | | |

F. Did you refer any contractor to the Labor Commissioner for debarment per LC § 1777.1?

Please check one: ☐ Yes ☒ NO

If yes, identify affected contractor(s) or subcontractor(s) and date(s) of referral: _____

G. Did you refer any apprenticeship violation to the Division of Apprenticeship Standards (DAS)?

Please check one: ☐ Yes ☒ NO

If yes, identify affected contractor(s) or subcontractor(s) and date(s) of referral: _____



STATEMENT OF ECONOMIC INTERESTS

a Public Document

Form 700-000
2009 Use Only

Name: _____ DAYTIME TELEPHONE NUMBER: _____

Home Address: _____
City: _____ State: _____ Zip: _____
E-mail Address: _____
6475 Connecticut Ave., La Mesa 91842
caistatecompliance@cox.net

1. Office, Agency, or Court

(If you are not currently employed, leave blank)

CSCC a Labor Compliance Program

Deputy, Robert, District, Hagerman

Position:

Deputy CC

2. Reporting Statement - List your position

(If you are not currently employed, leave blank)

Address:

Residence:

3. State of Residence

☐ State

☐ County of _____

☐ City of _____

☐ Zip Code _____

☒ Other (Specify location): _____

4. Type of Statement

☐ I am a candidate for public office.

☐ Annual

Reporting Period:

☐ The period covered is January 1, 1999, through

December 31, 2009

☒ The period covered is 09/01 to 10/31 through

December 31, 2009

☐ Leaving Office - Date Left: _____

(Check one)

☐ The period covered is January 1, 1999, through

the date of leaving office

☐ The period covered is _____ through

the date of leaving office

☐ Candidate

5. Schedule Summary

(If you are not currently employed, leave blank)

☒ During the reporting period, did you have any reportable interests to disclose on:

Schedule A: ☐ Yes - schedule attached
Schedules B through F: ☐ No

Schedule A: ☐ Yes - schedule attached
Schedules B through F: ☐ No

Schedule B: ☐ Yes - schedule attached
Real Property

Schedule C: ☐ Yes - schedule attached
Schedule D: ☐ Yes - schedule attached

Schedule D: ☐ Yes - schedule attached
Income - Loans

Schedule E: ☐ Yes - schedule attached
Income - Other

Schedule F: ☐ Yes - schedule attached
Other

☒ No reportable interests

Total number of pages (including this cover page):

☐ I am filing this statement

I have used all reasonable diligence in preparing this statement and I believe that the information furnished herein and in an attached schedule is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

(Signature of filer)

March 20 2010

(month, day, year)

SIGNATURE